

EXHIBIT 8

In The Matter Of:

*Misty Blanchette Porter, MD v.
Dartmouth-Hitchcock Medical Center, et al.*

Edward Merrens, MD

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Verbatim Reporters

(802)869-1665

verbatim@vermontel.net

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1 the division. I don't know how it was posted or what
2 the, what the, what the recruitment process was.

3 Q. Are positions normally posted, or is there
4 sometimes a, just a one-on-one individual recruitment
5 effort?

6 A. Usually, we have a -- usually, we have a search
7 process. That may be a national search. It may be, it
8 may be more informal. It may be an internal search.
9 I'm not aware of the process that was, that the REI
10 division director recruitment undertook.

11 Q. If you could, just tell me a little bit more about
12 what's the normal course for hiring, especially at a
13 division director level?

14 A. Typically, it involves a national search, reaching
15 out to national societies and meetings, print ads,
16 networking amongst people, applicants, a search
17 committee, a winnowing process, interviewing potential
18 candidates, and making an offer.

19 Q. Did you have any concerns about hiring of David
20 Seifer in 2016?

21 A. Yes.

22 Q. What were those concerns?

23 A. I led our credentials committee at that time, and
24 his hiring was -- initially, he was hired in an
25 administrative role to join Dartmouth as the division

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1 director, and then he was brought in a short period of
2 time to be into a clinical role. So there was some
3 process there that we had some concerns about that,
4 and, independently, members of Oregon Health & Science
5 reached out to our faculty with concerns about his
6 practice, and those were discussed at our credentials
7 committee and with Dr. DeMars.

8 Q. What was the nature of the concerns of his
9 colleagues?

10 A. The concerns were that he didn't have the breadth
11 of -- he, he had a more limited focus in terms of his
12 approach to reproductive endocrinology, although
13 accomplished and everything. His type of -- he had a
14 different practice style and maybe different
15 capabilities than his colleagues at OHSU, and those,
16 those perspectives were shared with members at
17 Dartmouth, and there was, there was the suggestion that
18 he had also been asked to cease providing care in some
19 areas, and in my role I asked for more clarification
20 around his status at OHSU, the procedures he was asked
21 to stop, and whether this had been fully vetted for his
22 role here.

23 Q. You described that Dr. Seifer had a limited
24 breadth of skills. Did you have any concern about
25 whether somebody with a limited breadth of skills was a

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1 time, but we had a committee that reviewed all
2 applicants. We actually had Dr. DeMars come before the
3 committee to explain her rationale for bringing him
4 forward and her understanding. She explained that she
5 thought the role here would be different, he would be a
6 good fit and would be -- he was an accomplished
7 physician in his own right and that she was, had
8 expressed that she was not pleased that people from
9 OHSU had contacted us and expressed this concern
10 without her being able to counter it to some degree,
11 but there were concerns, and she ensured the committee
12 and myself that she would take personal responsibility
13 that he would be a success.

14 Q. Did you rely on her statements of support of
15 Dr. Seifer in -- well, I guess I should back up.

16 Did you, did you feel that your concerns were
17 adequately addressed?

18 A. Yes.

19 Q. And did you -- I don't know what the right word is
20 -- approve, endorse, give a seal of approval to the
21 hiring of Dr. Seifer?

22 A. We allowed her to hire Dr. Seifer with the
23 understanding that she would ensure that he would be a
24 success in this role.

25 Q. What did that mean?

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1 A. She expressed this when she met with the
2 committee, and that was a similar perspective. I don't
3 know why she thought that. I think her -- what we
4 understood at the time was that he may have had a
5 falling-out with his peers over issues that were not
6 around -- they just didn't -- it wasn't a good fit, and
7 I think she was saying this wasn't, he didn't have a
8 good fit and this is going to be a better fit and
9 didn't feel like their perspective as his peers was
10 justified. I think that's how we understood it.

11 Clearly, my understanding was that this hire was
12 hers to ensure success. That's how she left the
13 meeting.

14 Q. And, if it was not successful, what was the
15 consequence? What was understood to be the
16 consequence?

17 A. That it, this was, you know, this was on her and
18 her role and her, you know, if there's decisions about
19 her competence as a chair and her ability to lead this
20 division, if this is a -- you know, this would be --
21 she would own this in terms of a decision she made at a
22 leadership level but had implications for the
23 organization.

24 Q. It seems like this situation with the hiring of
25 Dr. Seifer stands out pretty clearly in your mind. Is